Wells Fargo Bank Northwest, N.A.

Highland/Alpine Office MAC U1153-011 5285 West 11000 North Highland, UT 84003 801 342-2266 801 342-2262 Fax



May 13, 2002

Utah Division of Oil, Gas and Mining

Attn: MaryAnne Wright

Associate Director of Mining Division of Oil, Gas and Mining

TO WHOM IT MAY CONCERN:

This letter is to assure you that Wells Fargo and Company, Highland/Alpine office has blocked the funds (placed a hold on funds) on certificate numbe in the name of Clifton Mining Company payable to State of Utah Division of Oil, Gas and Mining and the BLM.

Sincerely,

Mardene Boren

Manager

Highland/Alpine Office

801 763 8304

RECEIVED

MAY 16 2002

DIVISION OF OIL, GAS AND MINING

## Addendum Certificate of Author



(Deposit Accounts Only)

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Bank Name W	ells Fargo Bank Northwest,	N.A.	COID		110	Date 07/18/2002
	J. L.		Brand	ch #	119	07/18/2002 Cost Center
Officer Name			Office	er Number	02743	8490 Phone #
	Thornton, Deone				J7006	
A new Co	document when new signers are being add has not been obtained. This addendum m ertificate of Authority, or other proper write	ay not be used to ac	dd or delete t	hose persons auti	horized to e	d a new, signed Certificate of ingage in credit transactions.
Addendu	m to Certificate of Authority Dated		9			
Custome	Name CLIFTON MINING CO					
Account	Number(s)				HOST	T UPDATE SUCCESS
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Signer	d Signers currently on the account (sa	ample signature no		Attach a separa	ate sheet in	f necessary.
Name	CLIFTON MINING CO		Signer Name SCOTT S MOELLER			
Signer Name			Signer Name			
Signer Name			Signer Name			
Signer			Signer			
Name			Name			
	on of the Requested Change to Autho	orized Signers	27			
<b>Action</b> Requeste 'Check O					for person	ns being added as
X Add		LOOP) DIVIS	SIDN	authorized sign		0 0 . M de
] Delete				7 Sou	sell	of Brught &
Add	ROBERT LOPEZ (CHIEF.	Branch of	mineray	5	0 <	S Graft & A. L
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Delete						()()
The person	Val aigning below					1.
<ul> <li>direct tl</li> </ul>	n(s) signing below ne Bank to recognize the signature(s) and/o	or written, telephone	e, electronic	and oral instructio	ns of any p	erson who has been added as
an auth	orized signer; ne Bank to discontinue acting on the instru					
acknow	ledge that these modifications become eff	ective only after this	addendum l	has been received	by the Ban	signer; ok and the Bank has had a
reasona	ble opportunity to act on instructions it co that the account owner has taken all action	ntains;				
of direct	ors, trustees, or other governing body, rec	quired to make these	modification	ns and to authoriz	e the under	rsigned to execute and deliver
direct th	e Bank that the additional authorized signe	ers identified above s	shall have all	of the authority of	granted to t	he persons identified as
authorize	ed signers on the Certificate of Authority.					
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e		T	itle			
cumentati	on supporting the addendum is attached, in	f applicable.				
	THIS SECTION FOR MINNESOTA AP					
nesota - ( any partr	Check Reporting Agency - Information on I her of a Partnership of 3 or fewer partners	ndividuals (For a Sol who will have signif	le Proprietor,	all authorized sign	ners of an u	unincorporated association,
•	partitions	TIN TIN	.g dathonty.	Date of Birth	Check	Reporting Agency Information
9		TIN		Date of Birth	Check	Reporting Agency Information
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